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Bib Data Sheet

CONFIRMATION NO. 8469

<b>SERIAL NUMBER</b> 10/825,391	<b>FILING OR 371(c) DATE</b> 04/14/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 12780/103
<b>APPLICANTS</b> Joan D. Leonard, Olathe, KS; Robert W. Tully, Olathe, KS;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/726,029 12/02/2003 * which is a DIV of 09/708,352 11/08/2000 which claims benefit of 60/164,286 11/08/1999 (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 08/10/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 10
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 26646				
<b>TITLE</b> VACCINES FOR MYCOPLASMA BOVIS AND METHODS OF USE				
<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	